

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10743899
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							31								
2	1						32								
3	1						33								
4	1						34								
5		1					35								
6		2					36								
7		0					37								
8		0					38								
9		0					39								
10		0					40								
11		0					41								
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48															
49															
50															
TOTAL IND.	4						TOTAL IND.								
TOTAL DEP.	2						TOTAL DEP.								
TOTAL CLAIMS	13						TOTAL CLAIMS								